



Special Collections and Archives
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Special Collections & Archives Paging Slip

Name: _____

Date: _____

Affiliation:

Student Faculty/Staff Alumni Public Visiting scholar

Purpose of research:

Class assignment Presentation Thesis/Dissertation Book/Article Genealogy

Other (specify): _____

I request permission to view the following materials:

| | | | | |
|-------------------|--|--|--|--|
| Collection | | | | |
| Box/Folder Number | | | | |

Books:

Title: _____ Call Number: _____

Title: _____ Call Number: _____

Title: _____ Call Number: _____

Title: _____ Call Number: _____